

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/572639**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
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13			/			
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45				/		
46			/			
47			/			
48			/			
49			/			
50						
TOTAL IND.		↓	18	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS			49			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
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94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			13			